

CITY OF KENNESAW, BUSINESS LICENSE DEPARTMENT

2529 J.O. STEPHENSON AVENUE

KENNESAW, GEORGIA 30144

PHONE (770) 424-8274 EXT. 3190 FAX (770) 429-4559

WEB SITE ADDRESS - www.kennesaw-ga.gov

VEHICLE FOR HIRE BUSINESS LICENSE APPLICATION AND CHECK OFF LIST

- ☐ 1. Application and attachments must be typed or legibly written in black ink and every question must be completed. Provide one original and one copy of all application and attachments. All dated material submitted must not bear a date more than 30 days prior to submission.
- ☐ 2. A personal statement must be completed by the licensee and each shareholder with 20% or more ownership.
- ☐ 3. Provide two pictures of the licensee and each shareholder. Photographs must be passport size.
- ☐ 4. Persons that were not born in the U.S. must provide a photocopy of their original Immigration Card I-551 to the Business License Staff. Naturalized citizens must provide a photocopy of their original certificate of naturalization to the Business License Staff. If otherwise admitted into the United States, please provide a photocopy of the original IND documents. This applies to the licensee, each owner each partner, and each stockholder, and their spouses. (Passports will not be accepted).
- ☐ 5. If a corporation or LLC, provide copies of stock certificates from and back in numerical order and minutes of meetings on all stock transfers except for publicly traded companies.
- ☐ 6. Provide proof of insurance on each vehicle in business. Proof of insurance must be in form of declaration page for policy, which must show all coverage amounts and all vehicles covered by vehicle identification number (VIN). Insurance must be in name of vehicle for Hire Company for each vehicle. Proof of insurance must indicate vehicle identification number, make and model of vehicle, insurance expiration date, and amount of coverage. Insurance must be issued by an insurance company that is authorized to do business in the State of Georgia. If the insurance company has not been previously approved by the City attorney, a copy of the policy must be sent to a City attorney and approved before the application can be processed.
- ☐ 7. Provide a copy of the insurance policy jacket which includes the policy contract for all vehicles covered by insurance.
- ☐ 8. Provide two pictures of EACH vehicle. Include picture of Tag.
- ☐ 9. Provide a seven (7) year driver's history of each shareholder/partner/stockholder with 20% or more ownership and licensee residing in the State of Georgia.
- ☐ 10. Provide current vehicle registration (current tag receipt) in company name and to business address for each vehicle.
- ☐ 11. Provide notarized consent form for each owner/partner/ stockholder and licensee and their spouses. Two forms have been provided; copy as necessary.
- ☐ 12. Provide signed affidavits from each owner/partner/stockholder or CEO and licensee with notary regarding safety standards.
- ☐ 13. Provide a notarized purchase agreement, if you are buying an existing establishment.

- ☐ 14. Provide a copy of a notarized lease between you and the property owner or proof of ownership of building or location of business.
- ☐ 15. The Zoning Department must sign the application indicating the zoning designation.
- ☐ 16. Application Fee - \$100
- ☐ 17. Fingerprints - \$25 (You will be provided two fingerprint cards to take down to jail to be fingerprinted).
- ☐ 18. Application Fee, License Fee, and vehicle sticker and badge must be paid before the license can be issued. The license fee for businesses is based on estimated gross revenue. The permit stickers are \$50 per vehicle and included the badge.
- ☐ 19. Each vehicle must be brought to the City of Kennesaw for the Police Department to inspected. This is scheduled with the Business License Staff.

If there are any questions regarding the vehicle for hire application please contact the business License Department at (770) – 424-8274 or email khiggins@kennesaw-ga.gov.

The licensee must maintain daily dispatch log sheets for a minimum of one year on the licensed premise. Dispatch logs shall indicate the number of passengers, time, place of entry, destination of passengers, and amount charged. Personal property left in the vehicle shall be itemized and be available at the vehicle for hire business during business hours, which are to be no less than 7:00 am to 7:00 pm, seven days per week.

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Fee Schedule:

\$100	Application Fee
\$50	Permit decal good for one year and Badge good for two years
\$25	Annual Renewal – Permit Decal
\$25	Bi-Annual Renewal – Badge
\$25	Fingerprints

Business License Fees are based on annual gross revenue

CITY OF KENNESAW
BUSINESS LICENSE DEPARTMENT
2529 J. O. STEPHENSON AVENUE
KENNESAW, GEORGIA 30144
(770) 424-8274 EXT. 3190 FAX (770) 429-4559

TAXI CAB APPLICATION

Date Received: _____
Copy to Police Department: _____
Date letter Received From PD: _____
Consideration Date: _____
Business License Department: Approved () Denied ()
Mayor & Council: Approved () Denied () Date: _____
License Number: _____

NEW () CHANGE OF OWNERSHIP () DATE: _____

1. Type of Business: _____
2. Business Name: _____
3. Business Address: _____ Business Phone # _____
City: _____ State: _____ Zip: _____
Fax #: _____
E-mail Address: _____
4. Provide the address and attach pictures, inside and outside, of your office that is staffed from 7:00 am to 7:00 pm and any additional hours that any vehicle for hire associated with the company are being operated.
 - A dispatcher must be included in this staff and have access to a radio for the purpose of communication with passengers and/or drivers. (Does not apply to sedan carrier)Street _____ City, State, Zip _____
Days and hours of operation: _____
5. Please provide the name, address and phone # of all full-time employee 's who resides in Cobb County, for the purpose of serving process: (does not apply to companies located in City of Kennesaw or sedan carriers)
Name: _____ Phone #: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

6. Licensees Full Name: _____ Title: _____
S. S#: _____
Business Phone: _____ Home Phone: _____
Alternate Phone/Cell #: _____ (Required)
Home Address: _____
City: _____ State: _____ Zip: _____

7. Type Of Ownership: Sole Proprietor () Partnership () LLP () Corporation () LLC ()

8. If Sole Proprietor - Owner's Name: _____
Social Security # ____ - ____ - ____ Date of Birth: _____
Home Address _____ Home #: _____
City: _____, State: _____ Zip: _____
E-mail: _____ Cell Phone #: _____

9. If Partnership or Limited Liability Partnership

Partnership or LLP Name: _____

Name of Partner/member: _____ S. S#: _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell #: _____

Name of Partner/member: _____ S. S#: _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell: _____

- ***Include additional partners/members on separate attachment***

10. If Corporation or Limited Liability Company

Corporation or LLC Name: _____

Corporation Address: _____ Corporation Phone #: _____

E-mail Address: _____ Fax _____

President/member: _____ Percentage of Ownership: _____

Date of Birth: _____ S. S#: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone #: _____

Vice President/member: _____ **Percentage of Ownership:** _____
Date of Birth: _____ **S.S#:** _____
Home Address: _____ **Home Phone #:** _____
City: _____ **State:** _____ **Zip:** _____
E-mail Address: _____ **Cell Phone #:** _____

Vehicle Information Form

VEHICLE NUMBER: _____

11. Complete the requested information on each vehicle. (Use additional pages if necessary for disclosure on each vehicle). When adding additional vehicles, please duplicate this page.

- Was the vehicle permitted by City of Kennesaw last year? Yes () No ()

If yes, please provide the sticker number for this vehicle issued by City of Kennesaw last year. # _____ (Failure to provide sticker number will result in a new vehicle sticker charge).

- Make of vehicle: _____ Model: _____ Year: _____
- Vehicle identification number (VIN): _____
- Color: _____ Tag #: _____
- Indicate the maximum number of seating capacity **behind** the driver: _____
- Is the vehicle a van? _____
- Name of insurance company holding policy: _____
Name of agent and address: _____
- Policy Number: _____ Expiration of Policy: _____

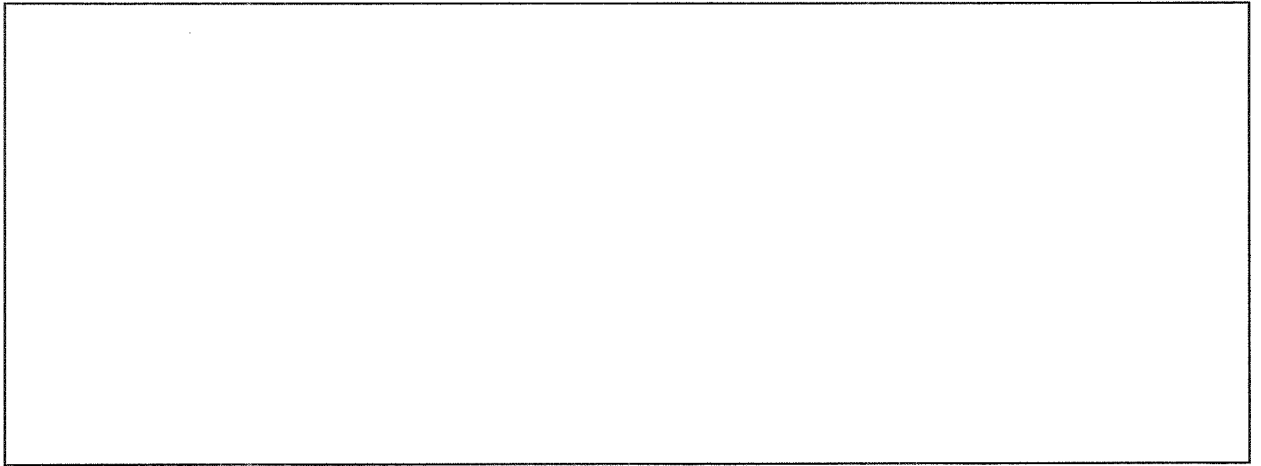
A copy of the insurance card (s) & declaration page as proof of policy, as provided in City of Kennesaw Code Section 22-382, must accompany the application for each vehicle operating as a vehicle for hire for the business.

12. Indicate the amount of coverage on this vehicle:

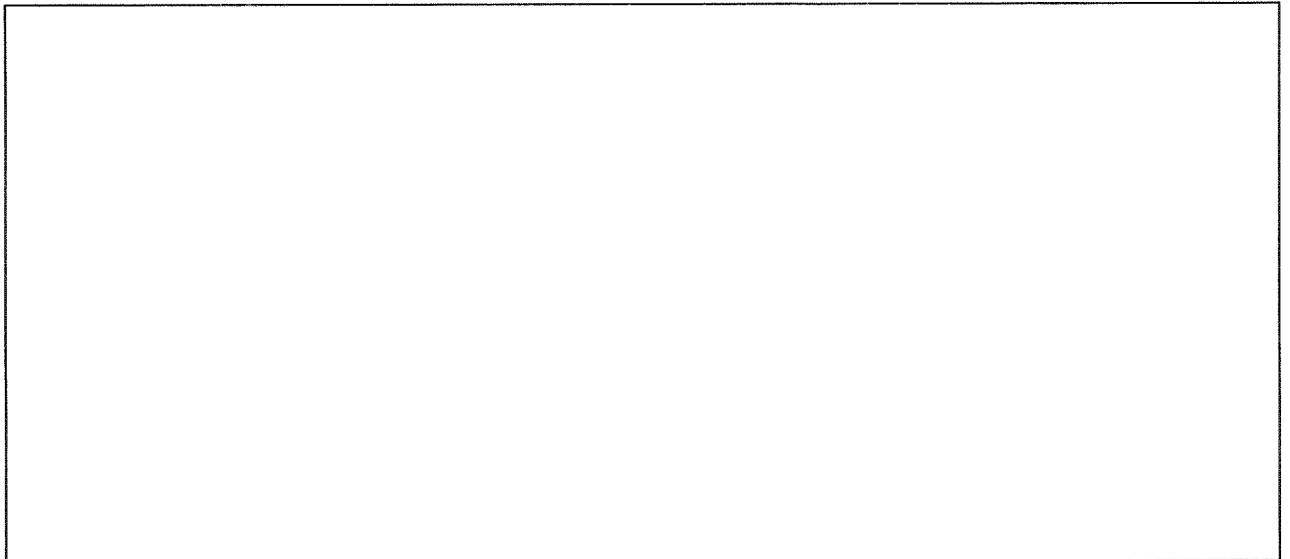
- \$ _____ Per death or bodily injury per person – expires _____
- \$ _____ Per death or bodily injury per occurrence – expires _____
- \$ _____ Per personal property damage – expires _____
- \$ _____ Per personal injury protection – expires _____

**UPON APPROVAL ALL VEHICLES MUST BE BROUGHT TO THE CITY OF KENNESAW
FOR THE POLICE DEPARTMENT TO INSPECT BEFORE THE VEHICLE STICKER WILL BE
ISSUED. PER SECTION 22-354**

Staple two photographs of vehicle below showing vehicle tag and compliance
with all requirements of vehicle for hire. One picture must have view of vehicle
tag for this vehicle. Tag must be readable.



SIDE



REAR (TAG MUST BE READABLE)

PER SECTION 22-355

13. If a corporation or LLC, list all stockholders with 20 percent or more ownership.

<u>Name</u> <u>Shares</u>	<u>DOB</u>	<u>Soc. Sec. #</u>	<u>Address</u>	<u># of</u>
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14. Does any partner, corporation, stockholder in the corporation, member, associate, or any owner have any vested interest in any other vehicle for hire business in the state of Georgia? Yes () No ()

If yes, give complete name, address, and percentage of ownership.

15. List full name and other required information for each firm, LLC, LLP, or Corporation having any interest in this business and the percentage of ownership.

<u>Corporation Name</u>	<u>Business Address</u>	<u>% Owned</u>
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16. List full name, address, position held, social security number, and percentage of ownership for each officer and stockholder with more than twenty percent ownership of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>Soc. Security #</u>	<u>Resident Name</u>	<u>% Owned</u>
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17. Does any vehicle of the business have a television for viewing by the driver of the vehicle for hire? Yes () No ()

If yes, indicate which vehicles by VIN#, Year, Make, Model, and Color.

18. Is there any charge or offense pending against any owner, manager, or stockholder with twenty percent or more interest or licensee? Yes () No ()
If yes, give full details and final disposition.

19. Please list Insurance Coverage Information for all vehicles serving the City of Kennesaw.

Company Name	Address	Phone #	Amount of Coverage	Vehicle #
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20. Has any person having interest in this business ever been:

Arrested	Yes () No ()	Convicted	Yes () No ()
Detained	Yes () No ()	Indicted	Yes () No ()
Pled Guilty	Yes () No ()	Pled Nolo Contendre	Yes () No ()
On Probation	Yes () No ()		

If you answered "YES" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charge (s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason).

21. If in City of Kennesaw, how is the proposed property zoned? _____

Approved by Zoning Office Staff Member:

22. Indicate owner of building and owner of property. Give name, address and phone numbers.

23. Estimated gross receipts for the remaining calendar year: _____

Georgia, City of Kennesaw

I, _____, being duly sworn according to law, do swear that the facts and statements stated by me in the above and foregoing answers are true. False or fraudulent statements are not made herein and none were made in order to produce the granting of such a license.

I further certify that I will notify the City of Kennesaw Business License Office of any change in management, licensee, ownership, or any change that is required by the vehicle for hire ordinance to be updated.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Date

Signature and title of person other than applicant filling out this application.

Address & Phone #

All Questions Must Be Answered

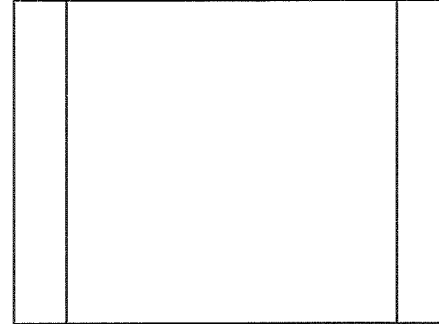
Received in the City of Kennesaw Business License Office on _____ at

By: _____

Business License Clerk

Owner / Licensee Personal Statement

(A photo of applicant must be attached)



2 X 2

1. Full name of (Do Not Use Initials) _____
Include maiden name(s), alias(s), etc.
2. Georgia Drivers License Number: _____
3. Social Security No. _____ Business Phone: _____ Home Phone: _____
4. Fax #: _____ E-mail Address: _____ Cell #: _____
5. Home Address: _____ City, State, Zip: _____
6. Business Address: _____
7. Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Color of Hair: _____ Color of Eyes: _____
8. Place of Birth: _____ Date of Birth: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____

If naturalized:

Date, Place, and Court: _____ Certification #: _____

Petition # _____ Derived Parents Certificate #'s _____

If not a citizen:

Alien Registration #: _____ Native Country: _____

Date and Port of entry: _____

If you are not a citizen and do not have an I-551 card, under what authority are you legally in this country?



Must Provide Original Immigration Documents



9. How long have you resided in the State of Georgia? _____
10. How long have you resided in City of Kennesaw? _____
11. Number of years resided at your present address? _____
12. What is the title of your position with the business submitting this license application? _____
13. Do you have any financial interest or are you employed in any vehicle for hire business other than the business submitting the license application of which this personal statement is a part?
If yes, give name, location, and the amount of interest in each.

14. List occupation(s) for the past ten years:

From Month/ Year	To Month/ Year	Employer (name, address & phone #)	Reason for leaving	Salary

15. List residences for past ten (10) years.

From	To	Address	City and State

CITY OF KENNESAW, GEORGIA

TAXI CAB AFFIDAVIT

I, _____, do solemnly swear that the foregoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application.

I further certify that I will notify the City of Kennesaw Business License Office of and changes effecting my status and/or position with this company.

Applicant Signature, (Full name in ink)

Notary Public

Date

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

COPY OF STATE ISSUED ID MUST ACCOMPANY CONSENT FORM

CONSENT FORM

I HEREBY AUTHORIZE CITY OF KENNESAW BUSINESS LICENSE OFFICE TO RECEIVE ANY CRIMINAL HISTORY RECORD DRIVERS HISTORY INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY PUBLIC

DATE

1
TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

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SIGNATURE

NOTARY PUBLIC

DATE



City of Kennesaw
2529 J.O. Stephenson Avenue
Kennesaw, GA 30144
770-424-8274
770-429-4559 Fax
www.kennesaw-ga.gov

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.

BUSINESS INFORMATION

This business is: ☐ NEW ☐ CHANGE OF OWNERSHIP ☐ CHANGE OF NAME OR ADDRESS

The business is zoned: Residential _____ Commercial _____

Business Name (Doing Business As): _____

Address: _____

Street Address _____ APT/STE _____ City/State _____ Zip _____

Mailing Address (if different) _____

Business Phone () _____ Fax Number () _____

Is this business state or federal regulated? _____ If yes, State/Federal License NO. _____

Describe in detail the nature of the business: _____

Estimated Gross Receipts for the remainder of this calendar year \$ _____

Number of Employees at this location _____ (Sole owner/operators)

Number of Independent Contractors at this location _____

OWNER INFORMATION

Type of Ownership: ☐ Sole Proprietorship ☐ Corporations/LLC * ☐ Partnership/LLP

****Corporations must be active in compliance and provide a copy of the Corporate Certificate. ****

OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:

Corporate/Partnership Name: _____

Sole Proprietor Name: _____

Effective Date _____ D/O/B ____/____/____

Address: _____

Street Address _____ Apt/Ste _____ City/State _____ Zip _____

Phone: () _____ E-mail address: _____

SSN/EIN: _____

*If the business is corporate owned or a partnership, complete Corporate Officers/Partners section on next page.

CORPORATE OFFICERS/PARTNERS

President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip
Phone: () _____ **SSN/EIN:** _____

Vice President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip
Phone: () _____ **SSN/EIN:** _____

Treasurer/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip
Phone: () _____ **SSN/EIN:** _____

Person completing application, if other than owner:

Applicant Name: _____ ()Owner ()Member/Partner ()Other _____

Address: _____ **Phone:** () _____

DISCLAIMER AND SIGNATURE

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

Signature: _____ **Date:** _____

Print Name & Title: _____

Office Use Only

Acct: _____ **SIC:** _____ **State Issued ID** _____ **#** _____ **exp.** _____

Tax/Fee \$ _____ **Penalty** _____ **Interest** _____ **Total Dues \$** _____

Property Tax \$ _____ **Utility Billing \$** _____ **Date** _____

Method of Payment: Cash Check M/C Visa Money Order **ck/receipt#** _____

MAYOR
Mark Mathews

City Manager
L. Steve Kennedy

City Clerk, CMC
Debra Taylor



COUNCIL
Mayor Pro-Tem Bruce Jenkins
Cindy Giles
Tim Killingsworth
Bill Thrash
Cris Welsh

***Affidavit Verifying Status
Of City of Kennesaw Business License Application***

By executing this affidavit under oath, as an applicant for a City of Kennesaw Business License or Occupational Tax Permit, I am stating the following with respect to my application for -

[INSERT BUSINESS NAME]:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 200__

Notary Public

Alien Registration number for non-citizens

My Commission Expires: _____

2/23/2010





COMMUNITY DEVELOPMENT
BUILDING SERVICES DEPARTMENT
PHONE: (770) 429-4554 FAX: (770) 429-4548

OCCUPANCY PERMIT APPLICATION

*****This permit does not allow changes to structure or construction work being done that would require permits (plumbing, heating, electrical, building, etc) by a licensed Contractor.

FEE: \$25.00

Permit # _____

HPC/COA Approval - Date (If Applicable): _____

Received date/by _____

APPLICANT NAME _____

APPLICANT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: OFFICE _____ HOME _____

DETAILED NATURE OF BUSINESS _____

ADDRESS _____

SUBDIVISION OR PARK _____

SQUARE FOOTAGE _____ LAND LOT/PARCEL _____ ZONING _____

PROPERTY OWNERS NAME _____

OWNERS ADDRESS _____

OWNERS PHONE _____

REQUIREMENTS FOR PERMIT:

Note: Turn in Business License Application when beginning this process to ensure
That everything will be ready after inspections.

1. **YOU MUST COME IN TO THE ZONING DEPARTMENT FIRST** TO MAKE SURE YOUR BUSINESS MEETS REQUIREMENTS FOR THE LOCATION (Site plan verifying parking may be required) AND THAT NO SPECIAL PERMITS ARE NEEDED. _____ INL BY ZONING DEPT. UPON APPROVAL
2. **CALL THE COBB COUNTY FIRE MARSHALL'S OFFICE AT 770-528-8310 TO MAKE AN APPOINTMENT** TO TAKE FOUR COPIES OF THE FLOOR PLAN DRAWING OF THE SPACE TO THEM FOR APPROVAL AND FOR FURTHER INSTRUCTIONS ON THEIR REQUIREMENTS.
3. FOR ANY FOOD SERVICE, 3 COPIES OF FLOOR PLAN TO COBB **DEPARTMENT OF PUBLIC/ENVIORNMENTAL 770-435-7815**. IN ADDITION, 3 COPIES OF FLOOR PLAN TO **COBB COUNTY WATER 770-423-1000** FOR RESTAURANTS/BARS, HAIR SALONS, SCHOOLS/DAYCARES AND LAUNDROMATS. YOU WILL NEED TO PROVIDE PROOF OF SEWER PAYMENT TO BUILDING DEPARTMENT. AN OCCUPANCY PERMIT WILL NOT BE ISSUED WITHOUT IT.
4. BRING IN COPY OF THE FLOOR PLAN STAMPED & APPROVED BY THE FIRE DEPT, (HEALTH AND WATER IF APPLICABLE). TO THE KENESAW BUILDING SERVICES DEPT. OCCUPANCY PERMIT APPLICATION AND PAY \$25.00 PERMITS FEE. A PERMIT NUMBER WILL BE ASSIGNED.
5. SET UP DAY FOR ON SITE INSPECTION BY THE BUILDING DEPT AND THE COBB COUNTY FIRE DEPT. (THE FIRE DEPARTMENT WILL NEED YOUR PERMIT NUMBER).
6. ONCE THE FIRE DEPT HAS ISSUED A RELEASE AND THE BUILDING INSPECTOR HAS APPROVED THE STRUCTURE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED WITHIN 3 BUSINESS DAYS. CALL **770-424-8274 OR 770-429-4554** TO VERIFY WHEN CO AND BUSINESS LICENSE WILL BE AVAILABLE FOR PICKUP.

BUSINESS NAME	TYPE OF BUSINESS
---------------	------------------

TYPE OF BUSINESS

ZIP CODE _____

FAX NUMBER

PAGER OR CELL NUMBER

1.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #
2.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #
3.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #

IF SO, LIST THE ALARM COMPANY'S NAME AND 24-HOUR TELEPHONE NUMBER.

IF SO, LIST NUMBER OF DOGS AND TYPE OF DOG.

IF SO, LIST THE NUMBER OF GUARDS, SECURITY COMPANY NAME AND PHONE NUMBER.

DO YOU LEAVE ON ANY **INTERIOR OR EXTERIOR LIGHTS** AFTER HOURS? **YES OR NO**

IF SO, LIST LOCATION WHERE THE LIGHTS ARE LEFT ON. _____

DO YOU HAVE ANY **ADDITIONAL SECURITY**? **YES OR NO**

IF SO, PLEASE LIST THIS INFORMATION. _____

ARE THERE ANY **FLAMMABLE, HAZARDOUS, DANGEROUS OR TOXIC MATERIALS**
STORED ON THE PROPERTY WHERE YOUR BUSINESS IS LOCATED? **YES OR NO**

IF YES, LIST THE NAME OF THE SUBSTANCE AND APPROXIMATE QUANTITY.
PLEASE PROVIDE A COPY OF M.S.D.S. FOR EACH PRODUCT LISTED.

	MATERIAL	QUANTITY	CONTAINER TYPE	MSDS#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Mail to: City of Kennesaw 911 2529 J.O. Stephenson Avenue Kennesaw, Ga. 30144 Attn: Bobbie Duke
Fax number 678.385.0166

The information you have provided is strictly confidential and will remain in the 9-1-1 Center. This information will be used to assist Police & Fire Personnel in the event an incident occurs on your property.

2/23/2010